

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Renovar, Inc. Offering 275,000 shares of Class A Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Renovar, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
505 South Rosa Road, Madison, Wisconsin 53719	608-441-2871
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	· · · · · · · · · · · · · · · · · · ·
Development of assays that improve the treatment and quality of life for organ transplant pal	tients. PROCESSED
Type of Business Organization	Alle a a
land land	olease specify): AUU U Y ZOTA
business trust limited partnership, to be formed	THOMEON
Month Year Actual or Estimated Date of Incorporation or Organization: 12 9 9 Actual Estim Jurisdiction of Incorporation or Organization. (Enter two-letter U.S. Postal Service abbreviation for State	nated PINANCIAL
CN for Canada; FN for other foreign jurisdiction)	wi

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2. Enter the information re	quested for the fol	lowing:				
• Each promoter of t	he issuer, if the iss	uer has been organized w	ithin the past five years:			
• Each beneficial ow	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	f a class of equity securities of the issu	ıer.
Each executive off	icer and director of	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers: and	
• Each general and n	nanaging partner o	f partnership issuers.				
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
E. D. Name (Land agent Cont.)	F := 4:.::41V					
Full Name (Last name first, i Knechtle, Stuart, Dr.	i individual)					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)			
2268 Caine Road, Orego		· · · · · · · · · · · · · · · · · · ·				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner	
Full Name (Last name first, i Sivesind, Terry	f individual)					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)			
6410 Landfall Drive, Madi	•	•	,			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		General and/or Managing Partner	
Full Name (Last name first, i Gabrielse, Bruce	f individual)		· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)			
5767 Golden Terrace, Ma	ndison, Wisconsi	n 53711				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, i	f individual)					
Collins, Gregory C.						
Business or Residence Addre 9 Cambridge Road, Mad		Street, City, State, Zip Co 53704	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, i Hedberg, Peggy	f individual)					
Business or Residence Addre		Street, City, State, Zip Co n 53704	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, i	f individual)	,				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)			

					B. II	NFORMAT	ION ABOU	T OFFERI	NG	alma Lista 1800	1 · · · · · · · · · · · · · · · · · · ·	D)	
1	Hag tha	iccuar col	l, or does th	a icenar ir	stand to so	II to non o	ooraditad i	nvactore in	this offer	ina?		Yes	No
1.	nas tile	issuel soit	i, or does ii							_	*************		Ø
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?											_{\$} 20,	00.00
												Yes	No
3.	Does the offering permit joint ownership of a single unit?										50		
4.	commis If a pers or state:	sion or sim son to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	olicitation rson or age caler. If mo	of purchasent of a broker ore than five	ers in conne ker or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	irectly, any he offering, with a state ons of such		
Ful	l Name (Last name	first, if ind	vidual)									
Bus	siness or	Residence	Address (N	umber and	d Street, Ci	ty, State, Z	Lip Code)						
Nar	me of As	sociated B	oker or De	aler									
Stat	tes in Wh	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	*************		•••••					l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)					<u>.</u>	
Nar	me of As	sociated B	oker or De	aler			-						
Sta	tes in Wi	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers					-	
	(Check	"All State:	s" or check	individual	States)			•••••				[] Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nar	me of As	sociated B	roker or De	aler									
Stat	tes in Wh	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			s" or check								*****************	[] Al	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sum_{\text{and}} \) and indicate in the columns below the amounts of the securities offered for exchange and already with a ready.	K	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	§ 0.00	S 0.00
			§ 980,000.00
	✓ Common	Ψ	. J <u></u>
	Convertible Securities (including warrants)	§ 0.00	0.00 S
	Partnership Interests		S 0.00
	Other (Specify)		S 0.00
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e r Number	Aggregate Dollar Amount
		Investors	of Purchases § 0.00
	Accredited Investors		\$ 0.00 \$ 0.00
	Non-accredited Investors		\$ 0.00 \$ 0.00
	Total (for filings under Rule 504 only)	<u>U</u>	\$_0.00
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	e	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	§ 0.00
	Regulation A		\$ 0.00
	Rule 504		\$ 0.00
	Total		§ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.	e ·.	<u> </u>
	Transfer Agent's Fees		S
	Printing and Engraving Costs		S
	Legal Fees		S_7,000.00
	Accounting Fees		S
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)		S
	Other Expenses (identify)		S
	Total		S 7,000.00

	and total expenses furnished in response to Part	e offering price given in response to Part C — Qu t C — Question 4.a. This difference is the "adjus	ted gross	1,973,000.00
5.	Indicate below the amount of the adjusted greeach of the purposes shown. If the amount	oss proceed to the issuer used or proposed to be for any purpose is not known, furnish an estir otal of the payments listed must equal the adjust	used for nate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			[] \$
	Purchase of real estate			[] \$
	Purchase, rental or leasing and installation of and equipment	of machinery	\$	[] \$
	Construction or leasing of plant buildings ar	nd facilities	\$ <u> </u>	[] \$
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)			[] \$
	Repayment of indebtedness	s	 [] \$	
	Working capital			
			 \$	[] \$
	Column Totals		\$ 100,000.00	[] \$ 1,873,000.00
	Total Payments Listed (column totals added)		973,000.00
		D. FEDERAL SIGNATURE		
sig	nature constitutes an undertaking by the issuer	by the undersigned duly authorized person. If the to furnish to the U.S. Securities and Exchange in-accredited investor pursuant to paragraph (b)	Commission, upon writte	le 505, the following n request of its staff,
Iss	uer (Print or Type)	Signature	Date	the state of the s
Re	enovar, Inc.		July 26, 2006	
	me of Signer (Print or Type) gory C. Collins	Title of Signer (Print or Type) Secretary		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?	lane.	×

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Renovar, Inc.	The K boll	July 26, 2006
Name (Print or Type)	Title (Printer Type)	
Gregory C. Collins	Secretary	

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 5 3 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and to non-accredited offering price explanation of amount purchased in State investors in State offered in state waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors **Investors** Yes No Amount Amount ALΑK AZAR CACO CTDE DC FLGA HI ID ILIN ĪΑ KS KY LA ME MD MA MI MN MS

2 3 4 5 1 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State waiver granted) investors in State (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) .(Part E-Item 1) Number of Number of Accredited Non-Accredited Yes State No Investors Amount **Investors Amount** Yes No MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI SCSD TN TXUT VT VAWA WV WI

APPENDIX

Ether Mass

	<u> </u>			APP	ENDIX				
1		2	3		4				
	to non-a	I to sell accredited as in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ate ULOE, attach action of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	· No
WY									
PR									